



# Senior & Farmers' Market Nutrition Program

## 2015 Farmer Introduction To Our Programs

# By working together we...

Can increase the consumption of fresh fruits and vegetables with low income seniors and WIC recipients, and expand the awareness, use of and sales at farmer's markets.

We also help our Alaskan economy by bringing new customers to Alaskan farmers, like you, who sell their products directly to consumers.

# By accepting WIC, YOU benefit by...

- **Increasing your sales potential!**

*Redemptions in 2014*

FMNP: \$108,675.00

SFMNP: \$56,365.00

Our program is growing!

- **Improve your Community Involvement!**

Improve the health of your community by helping your nutritionally-at-risk neighbors and low income seniors.



*“There are many jobs in today’s world that questionably contribute to the greater good of society. Farming organically in harmony with the natural world, and providing people with real, healthy food, just feels good.” -Stonyfield.com*

# It's easy to apply!

## Step 1: Download your application packet



<http://dhss.alaska.gov/dpa/Pages/nutri/fmnp/default.aspx>

## Step 2: Complete the following:

Application

Banking Information


Agreement

## Step 3: Postmark packet no later than July 1, 2015

Mail your complete packet to:


State of Alaska – FMNP  
PO Box 110612  
Juneau, AK 99811-0612

# Application Packet



**TWO YEAR APPLICATION**

This application covers the period of:  
June 1 – October 31, 2014 and June 1 – October 31, 2015



**FMNP/SFMP – FARMER and FARMSTAND APPLICATION**

Farmers' Market Nutrition Program  
Division of Public Assistance/WIC  
130 Seward Street, Room 508  
Juneau, AK 99801 -- Phone: 465-3100

Your Farmer-Vendor Number: \_\_\_\_\_  
*(Leave number blank if new farmer)*

Authorization is complete when notified by Alaska WIC Office.

Farm Name \_\_\_\_\_ Email \_\_\_\_\_  
Owner's Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_  
Physical Address (required if different) \_\_\_\_\_  
Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**Please list all locations, farmers' markets and/or farmstands where you plan to sell produce**  
You may use the back of the form to provide additional locations.

Name of sales location	Address of sales location	Dates	Days of the Week	Operating Hours	Farmer Posters Needed
Example: Our farm	123 S. 82nd St	6/1/2015-8/31/2015	Tuesday-Saturday	10am - 3 pm	# _____
					# _____
					# _____
					# _____

One farmer manual and poster will be mailed per farmer. If additional are needed please indicate quantity below:  
farmer manual \_\_\_\_\_ posters: \_\_\_\_\_

**Please answer the following questions regarding produce your farm sells:**

Farm grows approximately \_\_\_\_\_ % of the produce it sells.


Do you grow in a greenhouse / high tunnel? ☐ No ☐ Yes, please specify \_\_\_\_\_

List all fruits and vegetable you plan to sell. (You may use the back of the form to provide additional varieties.) \_\_\_\_\_


If your farm grows less than 100% of produce sold, indicate states/regions where produce is grown. \_\_\_\_\_

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at: [http://www.nrc.usda.nps.gov/complaint\\_filing\\_cust.html](http://www.nrc.usda.nps.gov/complaint_filing_cust.html), or any USDA office, or call (866) 632-6992 to request the form. You may also write a letter containing all of the information requested on the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 898-7442 or email at [program.usda@usda.gov](mailto:program.usda@usda.gov). Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

Rev. 10/22/2014



**2014 WIC FMNP BANKING INFORMATION FORM**



Send completed form to:  
State of Alaska Department of Health & Social Services  
Division of Public Assistance  
Nutrition Services – WIC  
PO Box 110612  
Juneau, Alaska 99811-0612

Please send the information requested below with your WIC FMNP Application and Agreement.  
This information should be mailed with your application in the envelope provided.

WIC Farmer Number (listed on FMNP Agreement): \_\_\_\_\_

Farmer Name: \_\_\_\_\_

**Bank Information**

Bank Name & Branch: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_ (9 digits)

Bank Account Number: \_\_\_\_\_

**Your Contact Information for Receiving Bank Transaction Reports**

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Contact Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Contact / Farm Email Address: \_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_


Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Printed Name: \_\_\_\_\_

Revised 12/6/2013



**State Agency Farmers' Market/Farmstand/Farmer Agreement**  
**AGREEMENT**  
Between State of Alaska – DHSS and Farmers' Market/Farmstand/Farmer:  
\_\_\_\_\_  
Farmer No. \_\_\_\_\_ (If Applicable)

This agreement is entered into by and between the State of Alaska, Department of Health and Social Services (AK DHSS) and the Farmers' Market/Farmstand/Farmer named above to participate in the United States Department of Agriculture (USDA) and the Alaska State Farmers' Market Nutrition Program (FMNP), Senior Farmers' Market Nutrition Program (SFMP), and WIC Program.

The duration of this agreement shall be for the 2014-2015 Farmers' Market seasons of June 1 - November 30 of each year unless terminated earlier as provided below. All Farmers' Market/Farmstand/Farmer must deposit all coupons at their banks by November 15 of the current year. WIC Fruit and Vegetable Vouchers (FVVs) have more stringent requirements and must be deposited by the authorized Farmers' Market/Farmstand/Farmer within 60 days from the first "Valid Date" printed on the FVV and no later than November 15 of the current year.

Senior Farmers' Market/Farmstand/Farmer must ensure that their coupons are received by the assigned payment agency no later than November 30 of the current year. All reimbursements of SFMP coupons will be processed by the assigned senior reimbursement agency by December 31 of the current year.

**It is the purpose of this agreement to:**

1. Provide locally grown, fresh fruits, vegetables, and herbs for currently eligible WIC women, infants and children, and senior citizens in areas where the FMNP and SFMP are offered.
2. Expand customer base and use of farmer's markets where consumers can buy directly from the farmer.

**It is therefore mutually agreed that:**

1. The Farmers' Market/Farmstand/Farmer shall furnish the necessary personnel and services and otherwise do all things necessary for, or incidental to, the performance of conditions set forth below.
2. The Farmers' Market/Farmstand/Farmer authorized to participate in the Alaska WIC Program, FMNP, and SFMP agrees to all of the following conditions and rules.

**Definitions:**

AK DHSS stands for Alaska Department of Health and Social Services. This is also sometimes referred to as the State Agency throughout this document.

Compliance Buy means a covert, on-site investigation in which a representative of WIC, FMNP and/or SFMP poses as a participant, parent or caretaker of an infant or child participant, or proxy, transacts one or more food instruments (FIs) or FVVs, and does not reveal during the visit

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Application  
(1-page)

Banking Information  
(1-page)

Agreement  
(6-pages)

**Alaska WIC Program**  
2014 Farmers' Market Nutrition Program (FMNP)

**VALID FROM:** June 1, 2014 to October 31, 2014

**GOOD ONLY AT:** Authorized Alaska WIC Farmer and FMNP approved sites

**FOR PURCHASE OF:** Approved Alaska grown fruits, vegetables and herbs only

**NOT VALID AT GROCERY STORES. NOT REDEEMABLE FOR CASH.**  
Vendor - Do not accept unless you are an Alaska WIC FMNP authorized vendor.  
To report WIC fraud, call 800-424-9121, or visit [www.usda.gov/oig/hotline.htm](http://www.usda.gov/oig/hotline.htm)

**010001**

**MUST BE DEPOSITED BY**  
NOVEMBER 15, 2014

**PAY EXACTLY**  
**\$5.00**  
NO CHANGE GIVEN

**00919124821 804121 010001**

## Farmers' Market (FMNP) Coupons

Every year the color will change.  
Each is worth \$5.00.  
Participants receive five each.  
Signature is **not** required.

## Fruit & Vegetable Vouchers (FVVs)

\$4.00, \$8.00, \$10.00 or \$15.00 value.  
Processing is different.  
Signature is required.

**The Alaska WIC Program**  
Supports Breast Feeding - 130 Seward St., Suite 508 - Juneau, AK 99801

**75-1248 919 804113 00063616**

**PARTICIPANT NAME - WIC ID#** 00089954 **FIRST DATE TO USE** 11/6/2013 **DATE OF SALE** 12/5/2013 **LAST DATE TO USE** 12/5/2013

**GRETTE GREEN**

**QTY** **DESCRIPTION** **Vendor must deliver within 60 days from the first date to use**

\$6.00 FRUIT or VEGETABLES, FRESH, FROZEN or CONTAINER  
XXX END OF ORDER XXX

**AMOUNT OF SALE**  
\$  
**WIC VENDOR STAMP**

Vendor - Do not accept unless you have an Alaska WIC contract: Not to Exceed \$200.00  
To report WIC fraud, call (800) 424-9121, or visit [www.usda.gov/oig/hotline.htm](http://www.usda.gov/oig/hotline.htm)

Signature of Participant or Authorized Representative

**00063616 00919124821 804113**

**Alaska GROWN**

**\$5.00**  
Five Dollars

**2011 Alaska Senior Farmers' Market Nutrition Program Coupon**

**Farmer Code:** \_\_\_\_\_

**Farm/ Market Name:** \_\_\_\_\_

**Date Used:** \_\_\_\_\_

This coupon is valid for the purchase of locally grown fresh fruits, vegetables and herbs at sites that are approved by the Alaska Senior Farmers' Market Nutrition Program.

**No change. Not good for cash.**  
**Good from June 1, 2011 to October 31, 2011.**

All Senior Farmer's Market coupons must be submitted for reimbursement within 30 days of redemption.  
Thank you for supporting Alaska's agriculture. *Alaska Grown... Fresher By Far*  
For more information on Alaska Grown products, visit [www.alaskagrown.org](http://www.alaskagrown.org)

**16836 -11**

## Senior Farmers' Market (SFMNP)

Every year the color will change.  
Each is worth \$5.00.  
Participants receive five each.  
Honey can be purchased.

# The Life of a WIC Check



FMNP & FVV



SFMNP



## Step 1:

Participants receive coupons & vouchers from their local WIC clinic or distribution center

## Step 2:

Farmer accepts coupons & vouchers for produce purchase  
(see list of approved foods)

## Step 3:

Farmer deposits FMNP coupons & vouchers into bank or mails SFMNP coupons

## Step 4:

Farmer gets paid!

# Important Dates

## January

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

## February

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28

## March

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

## April

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

## May

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

## June

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

## July

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

## August

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

## September

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

## October

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

## November

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

## December

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

**April 15:** Applications available online

**June 1:** Season begins for authorized farmers

**July 1:** Application deadline

**October 31:** Season ends

**November 15:** Deposit deadline for FMNP

**November 30:** Deposit deadline for SFMNP

**December 31:** All reimbursements processed

# Questions...

...about FMNP or Fruit & Vegetable Vouchers?

Erin Khmelev  
(907) 465-8630  
erin.khmelev@alaska.gov

...about SFMNP coupons?

Elaine Nisonger  
(907) 269-8446  
elaine.nisonger@alaska.gov



<http://dhss.alaska.gov/dpa/Pages/nutri/fmnp/default.aspx>

From our WIC State Office and thousands of WIC FMNP and SFMNP recipients...



*Thank you!*